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Geriatric women's gynaecological health: A descriptive analysis

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Abstract
Aim: The present study was conducted to assess gynecological disorders among geriatric women.
Material and methods: The present prospective, observational, cross-sectional study was conducted in the Department of Obstetrics And Gynaecology, Mamata Medical College, over a period of one year which comprised of 100 women aged >65 years old. All subjects were enrolled after they agreed to participate in the study after signing written informed consent. Ethical clearance was obtained from institutional review and the Ethics Committee.
Results: Out of 100 patients, 80% belonged to age group 65-74 years. The study population was 65% from rural and 35% urban areas. Only 20% of the patients were literate. Geriatric women had higher number of pregnancies. Their mean age at menopause was 49.11±4.40 years and mean duration of menopause was 21.14±5.85 years. Something coming out of vagina (SCOV, 22%) and Postmenopausal bleeding (PMB, 35%) were the two major presenting complaints. Amongst the co-morbidities, Hypertension was the single most common followed by Anaemia, Diabetes mellitus, Thyroid disorders, Heart diseases. The most common gynaecological disorder was genital tract malignancies (34%), followed by POP (25%) and urogenital infections (16%). Of those with genital malignancies, 32 had carcinoma cervix, 18 had carcinoma ovary, 14 had carcinoma endometrium, and 2 had carcinoma vulva.
Conclusion: Pelvic organ prolapse and genital malignancy are the major gynaecological causes of hospital admissions in the patients above 60 years. Post-menopausal bleeding is the commonest complaint. Ovarian and endometrial cancer was showing a rising trend in this age group. Though cervical cancer were the second most common malignancy in this group, most of these patients presented at advanced stage and hence were inoperable.

Keywords: Geriatric gynaecology, gynaecological pathologies, postmenopausal women

Introduction
Geriatric gynaecology deals with gynaecological pathologies encountered in postmenopausal women aged 65 years and above. The Indian society which was pyramidal till 20th century is now on the verge of becoming a rectangular society- a society in which nearly all individual survive to advanced age and then succumb rather abruptly over a narrow age range centering around the age of 85 [1]. Older women often question the need for periodic gynecologic examinations after menopause. The answer of course is that they should continue to protect their health [2]. Age does not prevent the development of cancer of the genitalia or breast. Although the incidence of several genital malignancies decreases after menopause. That of some other cancers-notably of the endometrium, vagina, and vulva-actuality increases. Some older women with atrophic vaginal and vulvar tissue resulting from hypoestrogenism hesitate to come for examination because of the pain produced by digital vagino-abdominal palpation or by insertion of a Graves or Pederson vaginal speculum [3].
The various gynaecological disorders peculiar to ageing are pelvic organ prolapse, postmenopausal bleeding, gynaecological malignancies, urinary incontinence, genital tract infections, Vulvovaginal disorders. The spectrum of gynecological disorders in India differ from those in developed world as there are no screening programmes for early detection and hardly any dedicated geriatric units [4]. Ageing is a natural process and should be regarded as a normal, inevitable biological phenomenon [5]. The word Geriatrics was coined by Dr. Ignatz Natcher an Austrian physician in 1909. However, it was in 1935 that a British doctor Marjory Warren, working in USA first developed the practical concept of geriatric rehabilitation [6]. Many studies from developed countries defined older persons as those aged more than 65 years, whereas some use the cut off of 60 yrs. Life expectancy of India is 61 years as compared to 72 to 82 years in the developed countries. Thus, the cutoff of 65 years may not be appropriate in Indian context and therefore a lower cut off of greater than and equal to 60 years is used [7].

Gynaecological disorders in older women differ from those who are younger. Elderly women experience vasomotor, urogenital, psychosomatic, psychological symptoms and sexual dysfunction. These urogenital changes make women vulnerable to gynaecological morbidities. The various gynaecological disorders peculiar to ageing are pelvic organ prolapse, postmenopausal bleeding, gynaecological malignancies, urinary incontinence, genital tract infections, Vulvovaginal disorders [8].
The purpose of the present study is to assess the various types of gynecological problems faced by older women in India and to emphasize the need of promoting screening programmes for early detection and treatment of cancers and establishment of geriatric units to meet the special need of this subset of population.

Materials and Methods

The present prospective, observational, cross-sectional study was conducted in the Department Of Obstetrics And Gynaecology, Mamata Medical College, over a period of one year which comprised of 100 women aged >65 years old. All subjects were enrolled after they agreed to participate in the study after signing written informed consent. Ethical clearance was obtained from institutional review and the Ethics Committee.
Patient demographics such as age, education, marital status, parameters such as parity, age at menopause, type of menopause, years since menopause, medical history and details of all gynecological problems were recorded. Health related quality of life was assessed by using Menopause Rating Scale (MRS). A thorough clinical and gynecological examination was done. Routine investigations such as complete haemogram, blood biochemistry, urine examination, pelvic sonography and pap smear were done.
Pelvic organ prolapsed (POP) was graded as per the Baden-Walker system on a scale of 0 to 4; grade 0 was defined as no prolapse, grade 1 as prolapse halfway to hymen, grade 2 as prolapse upto hymen, grade 3 as prolapse halfway beyond the hymen, and grade 4 complete prolapse. 4 The degree of cystocele, uretherocele, rectocele, and enterocoele was also assessed. Postmenopausal bleeding (PMB) was defined as vaginal bleeding 12 months after spontaneous cessation of menstruation. Urinary incontinence was defined as involuntary leakage of urine. Urinary tract infection (UTI) was the presence of viable.

Statistical Analysis

Results thus obtained were subjected to statistical analysis P value less than 0.05 was considered significant. The data was analysed by computer software IBM Statistical Package for Social Sciences (SPSS) version 20.0. The qualitative variables were assessed as mean±standard deviation. The quantitative variables were expressed as frequencies and percentages.

Results

Table 1: Patient demographics and Distribution of patients according to mean age, mean age at menopause, mean duration of menopause

	Number (n)	%
Age (Years)		
65-74	80	80
75-84	15	15
≥85	5	5
Parity		
P 0	3	3
P 1-3	17	17
P 4-6	50	50
P 7-14	30	30
Educational status		
Illiterate	80	80
Literate	20	20
Background		
Rural	65	65
Urban	35	35
Mean±standard deviation		
Age (years)	64.36±4.80	
Age at menopause	49.11±4.40	
Years since menopause	21.14±5.85	

Out of 100 patients, 80% belonged to age group 65-74 years. The study population was 65% from rural and 35% urban areas. Only 20% of the patients were literate. Geriatric women had higher number of pregnancies. Their mean age at menopause was 49.11±4.40 years and mean duration of menopause was 21.14±5.85 years.

Table 2: Chief presenting complaint

Chief Complaint	Number (n)
SCOV	22
PMB	35
Abdominal distension	9
Pain lower abdomen	11
Discharge per vaginum	7
Dysuria	5
Backache/joint pains	8
Vulval itching	2
Vulval growth	1
Total	100

Something coming out of vagina (SCOV, 22%) and Postmenopausal bleeding (PMB, 35%) were the two major presenting complaints.

Table 3: Associated co-morbidities

Comorbidity	Number (n)
Hypertension	65
Anaemia	32
Diabetes mellitus	22
Thyroid disorders	16
Heart disease	10
COPD	9
Asthma	5
Others	11

Amongst the co-morbidities, Hypertension was the single most common followed by Anaemia, Diabetes mellitus, Thyroid disorders, Heart diseases. Presence of multiple co-morbidities complicates the diagnosis, treatment and natural course of individual gynaecological health problems in older women.

Table 4: Gynaecological disorders

Pelvic organ prolapse (POP)	25	25
Genital malignancies	34	34
-Carcinoma cervix	16	16
-Carcinoma endometrium	7	7
-Carcinoma ovary	9	9
-Carcinoma vulva	2	2
Benign adnexal masses	7	7
Urogenital infections	16	16
Urinary incontinence	2	2
Endometrial hyperplasia	4	4
Proliferative endometrium	1	1
Atrophic endometrium	1	1
Endometrial polyp	2	2
Cervical polyp	1	1
Vulval papilloma	1	1
Osteoporosis	6	6
Pseudomyxoma peritonei	1	1

The most common gynaecological disorder was genital tract malignancies (34%), followed by POP (25%) and urogenital infections (16%). Of those with genital malignancies, 32 had carcinoma cervix, 18 had carcinoma ovary, 14 had carcinoma endometrium, and 2 had carcinoma vulva.

Discussion

Geriatric gynaecology deals with gynaecological pathologies encountered in postmenopausal women aged 65 years and above. The Indian society which was pyramidal till 20th century is now on the verge of becoming a rectangular society- a society in which nearly all individual survive to advanced age and then succumb rather abruptly over a narrow age range centering around the age of 85.[9] Our success in postponing death has increased the upper segment of demographic contour. The average life expectancy in India is 68 years [10]. The rate of increase in number of postmenopausal women is substantially faster in developing than developed world. The number of women aged 60 years has grown from 5.4% in 1951 to 7.8% in 2001.2 It is estimated to increase to 12.4% of population by the year 2026 [11].

Out of 100 patients, 80% belonged to age group 65-74 years. The study population was 65% from rural and 35% urban areas. Only 20% of the patients were literate. Geriatric women had higher number of pregnancies. Their mean age at menopause was 49.11±4.40 years and mean duration of menopause was 21.14±5.85 years which were comparable to that for north Indian women [2]. The study population was 60% from rural and 40% urban areas. Only 30% of the patients were literate. Geriatric women had higher number of pregnancies. Something coming out of vagina (SCOV, 22%) and Postmenopausal bleeding (PMB, 35%) were the two major presenting complaints. PMB in older women should be considered a sign of underlying genital cancer and warrants thorough evaluation. The unique features of geriatric illnesses are chronicity and heterogeneity, greater severity and slow or sometimes no recovery. There is an obvious need of screening programme for early detection of gynecological malignancy to provide better geriatric services, but a paucity of data regarding gynaecological morbidity in geriatric women hampers proper planning. Gynaecological disorders in older women differ from those who are younger [12]. Elderly women experience vasomotor, urogenital, psychosomatic, psychological symptoms and sexual dysfunction [13]. Studies have shown that there is a significant increase in the incidence of cancer after 65 years of age. In western world, endometrial cancer was commonest genital malignancy, followed by ovarian malignancy [3]. This was in contrast to our population, where carcinoma cervix was most common followed by ovarian and endometrium, in that order. Detection of carcinoma cervix at advanced stages was due to lack of screening programmes.

The most common gynaecological disorder was genital tract malignancies (34%), followed by POP (25%) and urogenital infections (16%). Of those with genital malignancies, 32 had carcinoma cervix, 18 had carcinoma ovary, 14 had carcinoma endometrium, and 2 had carcinoma vulva. Sood *et al*. [7] assessed gynaecological disorders in geriatric women regarding their frequency, diagnosis and management. 224 patients aged 60 years and above were admitted over a period of one year. The commonest presenting complaint was postmenopausal bleeding in 41.07% of patients. 80.80% patients had one or more comorbid conditions. Malignancy was the most frequent diagnosis 54% followed by uterovaginal prolapse in 30.35%. Olsen AL *et al*, showed in their study that the age-specific incidence of genital prolapse increased with advancing age and most patients were older, postmenopausal, parous, and overweight [14]. This was similarly found in our study. Estrogen receptors are widely present in the tissues that form the pelvic floor. Rizk *et al*. argued that postmenopausal estrogen deficiency has adverse effects on biologic ageing and pelvic floor support mechanism [15].

Conclusion

Pelvic organ prolapse and genital malignancy are the leading gynaecological reasons of hospitalisation in people over the age of 60. The most prevalent complaint is postmenopausal haemorrhage. Ovarian and endometrial cancer were on the rise in this age range. Despite the fact that cervical cancer was the second most prevalent malignancy in this group, the majority of these individuals appeared at an advanced stage and were thus incurable. As a result, advice to halt screening in older age groups should be approached with care. Reluctance to undertake pelvic examination in this population must be handled delicately to minimise increased morbidity owing to delayed diagnosis.

References

1. Baden WF, Walked TA. Genesis of the vaginal profile: a correlated classification of vaginal relaxation. Clinical obstetrics and Gynecology. 1972 Dec 1;15(4):1048-54.

2. Kriplani A, Banerjee K. An overview of age of onset of menopause in northern India. Maturitas. 2005 Nov 1;52(3-4):199-204.
3. Jamal A, Siegel R, Ward E, Murray T, Xu J, Smigal C, *et al*. Cancer statistics, CA Cancer J Clin 2006;56:106-30.
4. Beck RP. Pelvic relaxational prolapse. In: Kase NG, Weingold AB, editors. Principles and practice of clinical gynaecology. New York: Wiley & sons; 1983. p. 677-685.
5. Park K. Park's textbook of preventive and social medicine. Preventive Medicine in Ofsted, Paediatrics and Geriatrics; c2005.
6. Barton A, Mulley G. History of the development of geriatric medicine in the UK. Postgraduate medical journal. 2003 Apr 1;79(930):229-34.
7. Syamala TS. Reaching the unreached: Older women and the RCH Programme in India, the challenges ahead. Journal of Health Management. 2010 Sep;12(3):249-60.
8. Scott RB. Common problems in geriatric Gynecology. The American Journal of Nursing. 1958 Sep 1:1275-7.
9. Fritz MA, Speroff L. Menopause and the Perimenopausal Transition. In: Clinical Gynaecologic Endocrinology and Infertility. 8th ed. Philadelphia, PA: Wolters Kluwer (India) Pvt Ltd, New Delhi. New Delhi: Census of India. censusindia.gov.in. c2001.
10. Situation Analysis of the Elderly in India. Central Statistics Office, Ministry of Statistics & Programme Implementation. Government of India; c2011
11. Magon N, Kalra B, Malik S, Chauhan M. Stress urinary incontinence: what, when, why, and then what? J Midlife Health. 2011;2(2):57-64.
12. Kohli HS, Bhaskaran MC, Muthukumar T, Thennarasu K, Sud K, Jha V, *et al*. Treatment-related acute renal failure in the elderly: a hospital-based prospective study. Nephrology dialysis transplantation. 2000 Feb 1;15(2):212-7.
13. Olsen AL, Smith VJ, Bergstrom JO, Colling JC, Clark AL. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence. Obstetrics & Gynecology. 1997 Apr 1;89(4):501-6.
14. Rizk DE, Fahim MA. Ageing of the female pelvic floor: towards treatment a la carte of the “geripause”. International Urogynecology Journal. 2008 Apr;19:455-8.